

Health Insurance

Effective 7/1/2001

The Commonwealth of Virginia Health Benefits Program is designed to let you choose a plan that best suits your health care needs. The following chart lists the plans from which you may choose.

	<i>Service Area</i>	<i>Options Available</i>	<i>Key Features</i>
Key Advantage	Statewide and outside VA	Expanded Benefits	For maximum benefits, select a PCP to coordinate care. Pay at least 25 % more for out-of-network care or care not provided/referred by PCP.
Cost Alliance	Statewide	Dental Plan (equivalent to expanded dental plan under Key Advantage Expanded)	PCP required. No coverage without a PCP or for care outside of network, except for life-threatening emergency or urgent care services. State pays full monthly premium for active employees and dependents, except for cost of optional dental plan.

The enclosed guides summarize how each plan works and offers important information about your benefits. The guides are not policy. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Key Advantage or Cost Alliance Member handbook. If a discrepancy exists between the guide and the Member Handbook, the Member Handbook will take precedence.

Comparison of benefits follows:

<i>BENEFIT</i>	<i>KEY ADVANTAGE (you pay)</i>	<i>COST ALLIANCE (you pay)</i>
PCP Office Visit Copay	\$15	\$20
Specialist Visit Copay (including physical/speech therapy)	\$25	\$35
Inpatient Hospital Care Copay (requires pre-authorization)	\$200/confinement	\$100/a day - up to \$500/admission
Outpatient Hospital for Urgent Care or Life Threatening Emergency (requires referral)	\$75 – waived if admitted	\$75 – waived if admitted
Outpatient Diagnostic Tests/Lab Services	10% AC	\$35
Prescription Drugs – mandatory generic program (for brand name drugs when generic is available, you pay the copay plus the difference between the two)	Retail pharmacy - up to 34 day supply: \$15 Retail pharmacy – 35-90 day supply: \$30 Mail Service – up to 90 day supply: \$23	Retail pharmacy – up to 34 day supply: \$20 Retail pharmacy – 35-90 day supply: \$40 Mail service – up to 90 day Supply: \$28
Chiropractic	\$500/calendar year - \$25/visit	None
Well baby – 6 visits up to 1 year 6 visits up to age 6 lab services immunizations	\$15/PCP \$25/Specialist 10% AC \$0	\$20/PCP \$35/Specialist
Routine Gynecological Exam Annual Pap Smear Routine Mammograms	\$15/PCP; \$25/specialist 10% AC 10% AC	\$20/PCP; \$35/specialist n/c \$20/PCP; \$35/specialist
Dental (plan pays up to \$1,200 per member per calendar year. Use Trigon contracting dentists for highest level of benefits.)	Cleanings (twice a year), x-rays, oral exams - \$0 Primary Services – fillings & root canals – 20% AC	None
Mental Health/Substance Abuse Care (Administered by Magellan Behavioral Health – care must be approved in advance)	Outpatient Visit - \$25/visit Inpatient Hospital - \$200 per confinement	Outpatient Visit - \$35/visit Inpatient Hospital - \$500 per confinement

BENEFIT	KEY ADVANTAGE (you pay)	COST ALLIANCE (you pay)
Annual Out-of-Pocket Expense Limit	\$1,000 – single \$2,000 – employee + one \$1,000 – per member, up to \$3,000 per family	\$2,500 per covered person

Additions to Key Advantage Expanded (services above plus):

	COVERED SERVICES	YOU PAY
Dental (up to \$1,200 per member per calendar year)	Twice a year cleanings, x-rays, oral exams; <u>Primary Services</u> - fillings, root canals; <u>Complex Restorative</u> - crowns, inlays, bridges, dentures; <u>Orthodontic</u> - \$1,200 per lifetime per member – 1 year waiting period)	\$0 20% AC 50% AC 50% AC
Vision – once every 24 months	Routine Eye Exam Frames Lenses: single Bifocal Trifocal – OR – Contact lenses	\$25/specialist visit Plan pays \$50 Plan pays \$35 Plan pays \$50 Plan pays \$70 Plan pays \$100
Preventative Care (includes test and office visit)	Different screenings based on age factor, i.e. fecal occult blood test, cholesterol screening, blood pressure screening, etc.	\$0
Immunization	Flu shot, pneumonia, tetanus, hepatitis B	\$0